Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series

SUBCHAPTER NUMBER AND TITLE

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6 SERVICE CODES AND DESCRIPTIONS

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STERILIZATION CLINIC MANUAL

601 Introduction

- (A) The maximum allowable fee for a sterilization service payable to licensed ambulatory sterilization clinics is the fee listed in the applicable Division of Health Care Finance and Policy fee schedule or the provider's usual fee or charge, whichever is less.
- (B) Sterilization services include at least the following: preoperative evaluation and counseling, laboratory services, anesthesia, and postoperative care.
- (C) All claims for sterilization services must have a completed Consent for Sterilization (CS-18 or CS-21) form attached to the claim form (see 130 CMR 485.409).

602 Service Codes and Descriptions

The following services include local anesthesia or intravenous sedation and all physician and clinic services.

| Service | |
|----------------|---|
| Code | Service Description |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) (S.P.) |
| 55450 | Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) |
| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral |
| 58670 58671 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) with occlusion of oviducts by device (e.g., band, clip, or Falope ring) |
| | |

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

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